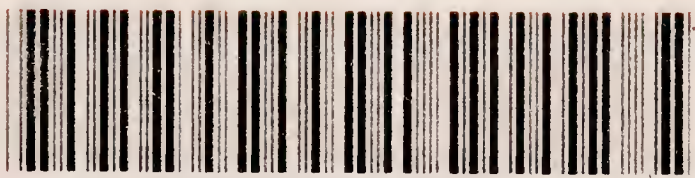


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THE ROYAL COLLEGE OF SURGEONS OF ENGLAND

APPENDIX X.

TO THE

SECOND EDITION

OF THE

DESCRIPTIVE CATALOGUE

OF THE

PATHOLOGICAL SPECIMENS

CONTAINED IN

THE MUSEUM

OF

THE ROYAL COLLEGE OF SURGEONS OF ENGLAND.

BY

JAMES H. TARGETT,
PATHOLOGICAL CURATOR OF THE MUSEUM.

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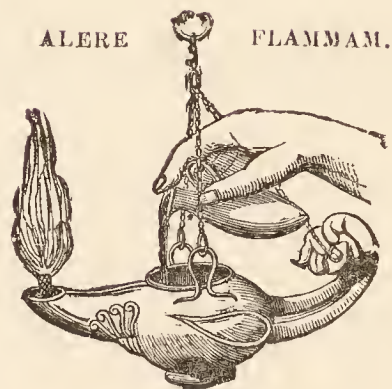
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P R E F A C E.



THIS Appendix contains descriptions of all the Pathological Specimens added to the Museum during the year ending July 1st, 1896.

JAMES H. TARGETT.



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TABLE OF THE CONTENTS.

	Page	Number
Series II.		
ATROPHY	1	23 E to 37 B
Series III.		
REPAIR AND REPRODUCTION .	2	91 D
Series VI.		
TUMOURS AND OTHER ALLIED } MORBID GROWTHS . . . }	2	322 A to 417 C
Series XII.		
INJURIES AND DISEASES OF } BONE }	3	676 A to 1645 F
Series XIII.		
INJURIES AND DISEASES OF } JOINTS }	7	1856 C
Series XVI.		
TUMOURS OF THE JAWS . . .	7	2172 A a, 2186 A
Series XVII.		
INJURIES AND DISEASES OF THE } LIPS AND CHEEKS . . . }	8	2262 A

	Page	Number
Series XVIII.		
INJURIES AND DISEASES OF } THE TONGUE }	8	A 2275
Series XX.		
DISEASES OF THE PHARYNX } AND ŒSOPHAGUS . . . }	8	2292 A, 2324 B
Series XXI.		
INJURIES AND DISEASES OF } THE PERITONEUM . . . }	9	2354 C, 2369 A
Series XXII.		
INJURIES AND DISEASES OF } STOMACH AND DUODENUM }	10	2393 A to 2405 C
Series XXIII.		
INJURIES AND DISEASES OF } THE INTESTINAL CANAL . }	11	2436 A to 2555 B
Series XXV.		
ANATOMY OF HERNIÆ &c. . .	12	2610 A to A 2718
Series XXVI.		
INJURIES AND DISEASES OF } THE LIVER }	13	2753 C, A 2769
Series XXVII.		
DISEASES OF GALL-BLADDER } AND BILE-DUCTS . . . }	14	A 2804
Series XXX.		
INJURIES AND DISEASES OF } THE SPLEEN }	15	2886 D

	Page	Number
Series XXXII.		
DISEASES OF THE PERI- CARDIUM AND HEART . }	15	2930 A <i>a</i>
Series XXXV.		
INJURIES AND DISEASES OF THE PLEURA AND LUNG . }	15	3411 A
Series XXXVI.		
INJURIES AND DISEASES OF THE LARYNX }	15	3471 A
Series XXXVIII.		
INJURIES AND DISEASES OF THE KIDNEYS }	16	3556 A <i>a</i> to 3643 C
Series XXXIX.		
INJURIES AND DISEASES OF THE URINARY BLADDER . }	18	3700 C
Series XL.		
INJURIES AND DISEASES OF THE BRAIN }	18	3788 B
Series XLIV.		
DISEASES OF THE NOSE . . .	19	3948 A
Series XLV.		
DISEASES OF THE EAR . . .	19	3960 D
Series XLVII.		
INJURIES AND DISEASES OF THE SKIN }	19	4065 A, 4102 B

	Page	Number
Series XLVIII.		
DISEASES OF THE TESTICLE } AND SPERMATIC CORD . }	20	4265 A
Series LI.		
INJURIES AND DISEASES OF } THE PROSTATE GLAND . }	20	4369 A
Series LII.		
INJURIES AND DISEASES OF } THE URETHRA }	21	A 4370
Series LIV.		
DISEASES OF THE OVARIES. .	21	4506 D to 4540 D
Series LV.		
DISEASES OF FALLOPIAN TUBES } AND BROAD LIGAMENTS . }	22	A 4563 A, A 4590
Series LVI.		
INJURIES AND DISEASES OF } THE UTERUS. }	22	4590 B to A 4673
Series LVII.		
INJURIES AND DISEASES OF } THE VAGINA }	25	4688 C
Series LVIII.		
INJURIES AND DISEASES IN- } CIDENTAL TO GESTATION } AND PARTURITION . . . }	26	4695 H, 4722 C
Series LIX.		
DISEASES OF THE BREAST . .	26	A 4752 to 4820 A
TERATOLOGY	28	15 A to 668 A

A P P E N D I X X.

TO THE

P A T H O L O G I C A L C A T A L O G U E.

- 23 E. The vertex of a skull showing two oval depressions on the exterior, from atrophy of the parietal bones. Each depression measures three inches from before backwards and two inches transversely, and is placed between the median line and the parietal eminence of its own side. The condition has been produced by the removal of the outer table of the parietal bone over the affected area and by the gradual wearing away of the diploë, so that the inner table or vitreous is exposed and forms the floor of the depression. There are no corresponding depressions upon the inner aspect of the calvarium, but the grooves for the meningeal vessels and Pacchionian bodies are well marked. The sutures are not obliterated upon the exterior of the calvarium.

From a woman, aged 55, who had suffered from jaundice for nearly four years. The autopsy revealed cirrhosis of the liver and enlargement of the spleen. The brain was normal. (See *Brit. Med. Journ.* 1896, vol. i. p. 1027.)

Presented by Dr. Parkes Weber, 1896.

- 26 A. The bones of an adult right foot, all of which are small and light. The fourth metatarsal is three-eighths of an inch shorter than that on either side of it, and the base of the third metatarsal is ankylosed to the external cuneiform by ossification of ligaments on the plantar surface.

From a very stout woman, aged 35, who had suffered since infancy from complete paralysis of the right leg. During the last six years the right calf had steadily enlarged. On admission to a hospital the right leg measured $20\frac{1}{4}$ inches in circumference

and the left 15 inches; there was also $1\frac{1}{2}$ inch shortening on the affected side. The right foot was in a position of extreme talipes equino-varus. The deformed limb was removed by amputation.

Presented by Pearce Gould, Esq., 1896.

- 37 B. A transverse section of the calf of a right leg which has been injected. The cut surface shows that all the muscles have undergone fatty metaplasia and that the subcutaneous adipose tissue is greatly increased. In the recent state the limb measured twenty inches in circumference. The tibia and fibula were very ill-developed.

For history see Prep. 26 A.

Presented by Pearce Gould, Esq., 1896.

- 91 D. A Grape in which one of the seeds has been exposed by an injury. The wounded surface is healed by the differentiation of cork tissue from the parenchyma.

Presented by S. G. Shattock, Esq., 1896.

- 322 A. A pedunculated globular tumour one inch and a half in diameter, removed from the upper border of the right buttock, to which it was attached by a narrow pedicle. It is composed of soft fat and cellular tissue, and is covered with thick skin.

From a woman, aged 22; the tumour was noticed at birth and enlarged with the growth of the patient.

Presented by W. C. James, Esq., 1896.

- 328 A. A large lipoma removed from the vicinity of a mammary gland. On section, two rounded areas are seen within which the adipose tissue has undergone necrosis and secondary saponification. At the margins of these areas there is a deposit of calcareous material forming a thin but imperfect capsule.

From a woman, aged 79, in whom the tumour had existed for more than forty years. (See Trans. Path. Soc. vol. xlvii.)

Presented by J. H. Targett, Esq., 1896.

- 368 B.** A portion of the spinal column of a Pollock, which presents a nodulated bony tumour upon the fourth hæmal arch. The tumour is oval in shape and measures two inches in its chief diameter; it surrounds the base of the spinous process and the convexity of the affected arch. The adjacent hæmal arches are not involved, though somewhat distorted by the pressure of the osteoma.

Presented by F. B. Stead, Esq., 1896.

- 375 B a.** A Grouse exhibiting a large fibroma on the dorsal surface of the neck and trunk. The tumour measures four inches in its chief diameter, and is situated in the subcutaneous tissue, the skin being stretched over it and adherent in parts. On section the tumour is seen to be composed of interlacing bundles of white fibrous tissue.

Presented by W. B. Tegetmeier, Esq., 1896.

- 417 c.** A section of a large retroperitoneal sarcoma which has undergone extensive mucoid degeneration. The cut surface shows that the tumour is bounded by a thin white capsule, and that the greater part of its substance has a jelly-like appearance. The central portion is much firmer, and is marked by orange-coloured streaks from extravasation of blood.

Presented by Middlesex Hospital, 1896.

- 676 A.** The humeri of a young Ostrich which are enlarged and porous at their proximal extremities. One bone appears to have been broken at the middle of its shaft. *Hunterian.*

- 678 c.** The bones of a right lower extremity showing curvatures which have resulted from rickets in early life. The metatarsal bones are much adducted and the three outer ones are somewhat twisted upon their long axes in consequence of the displacement of the foot.

From an old female dissection-subject.

1896.

- 881 B.** A larynx dissected to show a fracture of the hyoid bone at the junction of the right cornua with the body. There is also a fracture of the superior cornu of the thyroid

cartilage on the left side. In the recent state the surrounding tissues were infiltrated with blood. Upon the front of the thyroid cartilage, and beneath the depressor muscles of the hyoid, is a multilocular cyst the size of a cherry. It extends upwards upon the thyro-hyoid membrane and behind the body of the hyoid bone. The apex of the pyramidal lobe of the thyroid body is blended with the lower border of the cyst.

From a hawker, aged 33, who was killed by a blow on the neck when fighting with a much shorter man.

Presented by L. E. Stephens, Esq., 1896.

- 904 A. A right clavicle fractured obliquely through the junction of the outer with the middle third, and repaired with considerable deformity. The outer fragment is displaced backwards and inwards, and is on a lower level than the inner fragment to which it is united by a bridge of bone an inch and a quarter broad. Large spongy outgrowths of bone mark the sites of the conoid and deltoid tubercles.

From a very old male dissection-subject. 1896.

- 958 A. The bones of a right hand showing old fractures of the third and fourth metacarpals. The third metacarpal is broken obliquely near its distal extremity, and the fragments, which overlap to the extent of three quarters of an inch, are loosely connected by cellular tissue. The fourth metacarpal is fractured close to its carpal end, and the distal portion is firmly united to the ulnar side of the proximal fragment. Both fractures show displacement of the distal fragments to the ulnar side.

From a gentleman, aged 70, whose right hand was severely crushed by machinery four years previously.

Presented by C. Heath, Esq., 1896.

- 1041 H. The upper end of a left femur showing a traumatic separation of the epiphysis of the great trochanter. A small fragment has also become detached from the top of the diaphysis posteriorly. The surface of the neck and

shaft of the femur is roughened by a slight periosteal deposit of bone.

From a boy, aged 13, who died of internal injuries two weeks after a fall from a tree—a height of twelve feet. He was able to stand on the affected limb and raise it from the bed. (See Trans. Path. Soc. vol. xlvii. p. 174.)

Presented by J. Hutchinson, Esq., Jun., 1896.

- 1077 A.** The upper end of a left tibia exhibiting the results of a comminuted fracture. There has been a transverse fracture just below the head of the bone, and the lower fragment by impaction has splintered the head into three or four pieces. One of the lines of fracture crosses the external articular facet.

From a man, aged 38, who fell on the pavement when drunk. He died of delirium tremens four days after the accident. (See Hunterian Society Transactions, 1891, p. 116.)

Presented by J. Poland, Esq., 1896.

- 1176 A.** Vertical sections of a left tibia, exhibiting a recent deposition of new bone at the site of a node which has formed on the middle third of the shaft and become hard as in the preceding specimens. This new bone has a greyish colour, a friable, finely cancellous texture on section, and is longitudinally grooved and perforated on the surface.

Hunterian.

- 1241 B k.** Skeleton from a case of osteitis deformans. The lesions are widely diffused, but the following parts of the skeleton are not appreciably affected: Hands, forearms, feet, fibulæ, patellæ, ribs, and scapulæ (except the spinous processes).

- 1241 B l.** The posterior half of the calvarium from the preceding skeleton. Its greatest thickness is an inch and a quarter.

- 1241 B m.** A section of the left femur from the same skeleton as the preceding. It is remarkably light, the compact tissue being replaced by a laminated porous bone.

From a woman, aged 45, who first noticed that her legs were

becoming curved three or four years previously. A few months before death a large sarcomatous tumour appeared in the left iliac fossa and gradually extended upwards to the left kidney. (See Trans. Path. Soc. 1896, vol. xlvii.)

Purchased, 1896.

- 1245 A. A longitudinal section of a left forefinger affected with tuberculous dactylitis. Around the distal end of the first phalanx there is a large tuberculous deposit in the periosteum, which is most abundant on the dorsal surface beneath the aponeurosis of the extensor muscles. The osseous substance of the phalanx is also invaded. On the reverse of the specimen there is a projection caused by the softened tuberculous growth.

From a boy, aged 11, who first noticed a painful swelling of the forefinger five months before admission to a hospital. The ring-finger of the opposite hand had been amputated two years previously for a similar swelling.

Presented by Edmund Owen, Esq., 1896.

- 1586 B. A section of a large cartilaginous tumour which involved the right thoracic wall. The cut surface shows that two of the costal cartilages are embedded in the growth. In the recent state the tumour contained several large cavities due to mucoid softening of the tissues.

From a man, aged 38, who was admitted to a hospital with a large tumour in the right side of the thorax. It was first noticed four years previously as a small hard nodule the size of a filbert, and was thought to be callus from a fracture of the seventh rib. During the last few months of life the tumour rapidly enlarged, and the patient died of exhaustion three months after admission. At the autopsy it was found that the tumour extended in the right mid-axillary line from the fourth rib to one inch below the costal margin. Externally it projected three inches above the level of the surrounding skin, while internally it bulged into the right cavity of the chest and extended across the front of the abdomen to the left hypochondrium, thereby compressing the liver, stomach, and transverse colon. The mass measured about twenty inches in length and ten inches in its shorter diameters. There were no secondary deposits.

Presented by G. D. Pollock, Esq., 1896.

- 1645 F. A sagittal section of a right knee showing a cystic growth within the diaphysis of the femur. The lower end of the diaphysis is thickened by a subperiosteal deposit of

new bone, while the medullary canal where it is occupied by the new growth is enlarged and its walls porous and softened. The parts concerned in the knee-joint are healthy. Histologically the growth is a very vascular sarcoma which has in parts undergone cystic degeneration.

From a boy, aged 16, who was admitted to a hospital for an elastic swelling of the lower end of the right thigh, which followed a blow on the knee two months previously. The knee-joint was not implicated and there was no enlargement of lymphatic glands. Amputation of the thigh was performed and the patient was in good health a year after the operation.

The other half of the preparation showed that the growth had perforated the wall of the femur and formed cystic deposits upon the inner and posterior surfaces of the bone beneath the muscles.

Presented by W. J. Collins, Esq., 1896.

1856 c. Portions of a left knee-joint removed by operation. The articular surfaces of the femur and tibia are much deformed by deep and irregular excavations, and in the recent state were mutually adapted. The exposed cancellous tissue is distinctly condensed but not typically eburnated. The articular surface of the patella is covered with a fibrous membrane.

From a sailor, aged 33, whose illness began with a large painless swelling of the left knee-joint nine months previously. With the exception of venereal disease at the ages of 19 and 26, he had enjoyed good health. The distended joint was aspirated in the Bermuda Hospital and four ounces of blood-stained serous fluid withdrawn. He returned to England and was admitted to Guy's Hospital. The joint was then enormously swollen and very lax, the tibia was displaced outwards, and there was much crackling on flexion. The muscles of the thigh were wasted. The joint was excised, and a good recovery ensued.

Viewed as a whole the features of the joint resemble those of rheumatoid arthritis—fibrillation of cartilage, lipping of articular margins, synovial outgrowths, and osteophytic deposits in the ligaments may be recognized in different parts of the specimen. But the donor was of opinion that the condition had resulted from syphilitic arthritis.

Presented by J. N. C. Davies-Colley, Esq., 1896.

2172 A a. A composite odontome removed by operation from an upper jaw. It measures an inch and a half in its chief diameter and its surface is coarsely nodulated. A few

deposits of enamel may be recognized on one aspect of the preparation.

From a girl, aged 12. The tumour was deeply buried in the alveolus of the upper jaw in the situation of the molar teeth upon that side. It was first noticed to 'erupt' through the gum two months previously, but there was no suppuration around it. No difficulty was experienced in its removal.

Stores, 1896.

- 2186 A. A flattened pedunculated growth removed from the gum. It measures superficially one inch and a quarter by one inch, and is half an inch thick. Both surfaces have a cauliflower appearance, and on section the substance of the growth is seen to consist of very dense fibrous tissue. The reverse of the preparation displays the slender pedicle of the tumour.

From a child, aged 6 years. The tumour was attached to the inner surface of the gum of the upper jaw opposite the second temporary molar tooth.

Presented by J. MacCarthy, Esq., 1896.

- 2262 A. A lower lip with a papillary growth springing from its mucous surface in the form of a ridge three inches long. The margin of the growth is raised and somewhat everted, and the surface is covered with thickened epidermis, which at the left end of the specimen is converted into a conical horn one inch in height. Histologically the corium beneath the growth is infiltrated with inflammatory products, but there is no distinct evidence of epithelioma.

From a platelayer, aged 69, who stated that the excrescence had begun as a wart four years previously and had gradually enlarged. (See 'Lancet,' 1896, vol. i. p. 1491.)

Presented by H. A. Lediard, Esq., 1896.

- A 2275. Portion of a submaxillary gland exhibiting two small salivary calculi impacted at the commencement of its duct. The calculi have a finely nodulated surface, except where they are faceted from contact. The substance of the gland is much indurated.

Presented by A. Carless, Esq., 1896.

- 2292 A. An œsophagus with the fauces and larynx. The œsophagus has been laid open to show fragments of diphtheritic

membrane upon its mucous surface. In the recent state the membrane formed a complete lining to the canal. Thick deposits of membrane are adherent to both surfaces of the soft palate and around the superior aperture of the larynx.

From an infant, 8 days old, who died of diphtheria. At the autopsy a membranous exudation was found on the palate, fauces, and œsophagus, and Klebs-Lœffler bacilli were detected in the membrane. (See Trans. Path. Soc. vol. xlvii. p. 39.)

Presented by Dr. E. W. Goodall, 1896.

- 2324 B. An oval pedunculated growth, nearly two inches in its chief diameter, which was removed by operation from the back of a soft palate. The growth comprises many large lobules, each of which consists of closely packed polypoid outgrowths having the appearance of a cauliflower. The pedicle is formed by a thin fold of mucous membrane half an inch broad. Microscopically the substance of the polypus consists of vascular fibrous tissue.

From a woman, aged 43. A tumour in the naso-pharynx had only been noticed three months.

Presented by J. MacCarthy, Esq., 1896.

- 2354 c. A section of a very large tumour removed by operation from the small omentum. The cut surface measures 14 inches in length and 9 inches across ; it shows that the substance of the tumour is very friable and has a number of degeneration cysts scattered through it. On the reverse of the preparation the growth is seen to have a lobulated outline, and is enclosed by a thin tough capsule.

From a man, aged 38, who was admitted to a hospital for an abdominal swelling which was first observed twelve months previously, and had gradually enlarged. The tumour extended from the costal margin to the symphysis pubis, and from the left linea semilunaris to the right iliac fossa. Its upper limit could not be defined. The tumour was firm, tense, and not fluctuant ; dulness existed over the whole abdomen except the flanks and a small area at the pubes. Laparotomy was performed, and it was found that the tumour was situated between the layers of the small omentum, the stomach being displaced into the pelvis. A good recovery ensued, and there were no signs of recurrence twelve months after the operation. In the recent state the tumour weighed 19 lbs.

Presented by Pearce Gould, Esq., 1896.

- 2369 A.** Portion of the sigmoid flexure of a colon with its mesentery. Embedded in the latter is a spherical hydatid cyst nearly four inches in diameter. The wall of the cyst, which is composed of dense fibrous tissue, is lined with calcareous material and portions of hydatid membrane.

From a man, aged 68, who died after an operation for the relief of a strangulated umbilical hernia. Hydatid cysts were found in the liver, and behind the peritoneum of the right loin in contact with the kidney. (See Prep. 3643 c.)

Presented by St. Bartholomew's Hospital, 1896.

- 2393 A.** A stomach laid open posteriorly to show many small hæmorrhagic erosions of the mucous membrane. They are chiefly arranged in lines along the crests of the rugæ, but do not affect the pyloric end of the stomach. The bases of the erosions are covered with minute black sloughs which are partially detached at their margins.

From a man, aged 31, who was admitted for dyspnœa and œdema of the legs. His illness began three weeks previously with pain in the chest. Death occurred suddenly a fortnight after admission. At the autopsy the heart was found to be much enlarged, and there was severe syphilitic aortitis affecting the orifice and first inch of the aorta. The viscera were congested. (See Trans. Path. Soc. vol. xlvii. p. 26.)

Presented by Guy's Hospital, 1896.

- 2404 A.** The stomach of an Eel laid open to display a fibrous tumour springing from the ventral wall of the viscus. The tumour is oval in outline, two inches in length, and is covered externally with the serous coat of the stomach. By its projection upon the mucous surface, the cavity of the stomach is reduced to a very narrow channel. Histologically the growth is composed of interlacing bundles of dense fibrous tissue. *Presented by Mr. Buckeridge, 1896.*

- 2405 B.** Portion of the wall of a stomach the mucous surface of which is studded with small polypoid growths. The majority of the growths are pedunculated and spring from the crests of the rugæ.

- 2405 c.** The pylorus and first four inches of the duodenum, from the same case as the preceding. On the distal side of the

pylorus there is a much lobulated villous growth, which is oval in outline and measures two inches in its chief diameter. It has a constricted attachment to the mucous membrane and has not invaded the muscular coat. The wall of the duodenum is bulged by the pressure of the tumour, and the adjacent mucous surface is smooth except for a few small polypi.

From a man, aged 21, whose illness began twelve months previously with attacks of severe abdominal pain and vomiting. An intussusception of the duodenum ultimately occurred, and the patient sank a few hours after an operation for its relief. (See Trans. Path. Soc. vol. xlvii. p. 46.)

Presented by Dr. Wm. Collier, 1896.

- 2436 A. A gall-stone removed by operation from the lower end of the ileum. It is two inches in length, and four and a quarter inches in circumference, and in the recent state weighed $1\frac{1}{4}$ oz. The shape of the stone is ovoid, with smooth rounded ends.

From a woman, aged 56, whose illness began with persistent vomiting which lasted two days. Subsequently she developed intestinal obstruction, and on the twenty-fifth day of her illness laparotomy was performed and an impacted gall-stone removed. (See 'Lancet,' 1895, vol. i. p. 867.)

Presented by W. C. Everley Taylor, Esq., 1896.

- A 2453. Portion of a transverse colon the wall of which is greatly hypertrophied and its calibre dilated in consequence of a long persistent obstruction at the splenic flexure. The sacculation of the wall is well marked, and the muscular coat is an eighth of an inch in thickness. The mucous membrane is pigmented but not ulcerated.

From a woman, aged 49, who was admitted for symptoms of chronic intestinal obstruction. The autopsy revealed a very narrow annular cancerous stricture of the colon at the splenic flexure. There were secondary deposits in the neighbouring lymphatic glands. (See Trans. Path. Soc. vol. xlvii. p. 52.)

Presented by Guy's Hospital, 1896.

- 2455 A *a*. Portion of the upper end of the jejunum showing many polypoid growths attached by short pedicles to the free

borders of the valvulæ conniventes. The growths vary in size, from a pin's head to a walnut, and the different stages in their development can be readily traced. Histologically they are simple mucous polypi.

For history see Prep. 2405 c.

Presented by Dr. Wm. Collier, 1896.

- 2555 A.** A cæcum with the adjacent portions of the ileum and ascending colon, viewed from behind. The vermiform appendix, three inches in length, is retroflexed and attached to the posterior surface of the colon by a short mesentery. At the middle of the convex border of the appendix there is a perforation in its wall through which the canal communicates with the retrocæcal pouch of peritoneum. There is much recent lymph upon the serous surfaces of the preparation.

From a boy, aged 7, whose illness began with pain in the stomach after dinner. The following night he was seized with acute abdominal pain and vomiting. On the third day he was admitted in a collapsed and moribund condition, and died a few hours later. At the autopsy there was peritonitis, and the appendix cæci contained two oval concretions.

Presented by Guy's Hospital, 1896.

- 2555 B.** An appendix cæci removed by operation. Its distal extremity presents a large ragged aperture from sloughing, and the surrounding serous surface is covered with lymph. A large fæcal concretion is seen within the body of the appendix.

From a girl, aged 9, who was admitted for pain and tenderness in the right iliac region, with pyrexia. Her illness began two days previously with a fall from a tramcar which caused pain in the abdomen and vomiting. Laparotomy was performed, a localised abscess in the peritoneum was evacuated, and the perforated appendix cæci was removed. The patient made a good recovery.

Presented by C. J. Symonds, Esq., 1896.

- 2610 A.** The sac of a femoral hernia, removed by operation. It is constricted at its middle in the shape of an hour-glass, and the aperture into the lower unopened compartment is

formed by a thin tough ring about one-third of an inch in diameter.

From a woman, aged 21, who noticed a reducible swelling in the left groin two years and a half previously. (See Trans. Path. Soc. vol. xlvii. p. 59.)

Presented by Dr. M. Lawrie, 1896.

- 2617 A. Portion of a great omentum and a hernial sac, removed by operation. The omentum has become much indurated and rolled upon itself into a twisted cord, which is 16 inches long, and $4\frac{1}{2}$ inches in circumference at its thickest part. The hernial sac has been turned inside out to show that the thin distal extremity of the omental cord is firmly adherent to its wall two inches above the fundus of the sac.

From a man, aged 69, who was admitted to a hospital for a large irreducible scrotal hernia. At the operation it was found that the sac contained some blood-stained fluid and the whole length of the roll of omentum shown in the preparation. The thicker proximal end of the roll was adherent to the neck of the sac.

Presented by H. G. Howse, Esq., 1896.

- A 2718. Part of an ileum to the free border of which is attached a Meckel's diverticulum nearly an inch and a half in length. The extremity of the diverticulum is invaginated so that it projects into the lumen of the intestine. During life this condition had caused intussusception of the ileum.

From a boy, aged 4, whose illness began with a severe attack of pain in the abdomen and vomiting. He was admitted to a hospital on the fourth day with intestinal obstruction and well-marked symptoms of intussusception. By rectal injection the intussusception was reduced, but the patient died the following morning. At the autopsy it was found that the inverted diverticulum was situated twenty inches above the ileo-cæcal valve, and the intervening portion of ileum was much congested, as though it had taken part in the intussusception.

Presented by R. H. Lucy, Esq., 1896.

- 2753 C. Section of a liver through the substance of which are scattered groups of small abscesses with a yellowish-white lining. As the contents of the abscesses have been washed away, the cut surface of the liver has a spongy appearance. The reverse of the specimen displays the portal vein in the

transverse fissure of the liver. The inner surface of the vein is thickly coated with adherent clot, but at its bifurcation the clot has suppurated.

From a woman, aged 21, who was admitted for abdominal pain, vomiting, and pyrexia. As severe rigors supervened, laparotomy was performed, and a sloughing appendix cæci was removed. The liver became enlarged and an empyema developed on the right side. The patient sank three weeks after admission. At the autopsy it was found that the empyema communicated with an abscess in the liver through the diaphragm, and there was general peritonitis.

Presented by Guy's Hospital, 1896.

- A 2769. A section of the right lobe of a liver exhibiting a new growth which is embedded in the substance of the organ. The tumour has an oval outline measuring four inches in its chief diameter ; it involves the entire thickness of the liver, the anterior and right lateral margins of which are rounded by distension. The cut surface of the growth has an alveolated appearance, the spaces being filled with a red friable substance. Microscopical examination showed that it was a round-celled sarcoma.

From a male infant, aged 10 months, who was admitted for a nodular abdominal tumour in the right hypochondriac region. During the previous six weeks the infant had suffered from diarrhoea, vomiting, and loss of flesh. While under observation jaundice supervened, with some ascites, and great emaciation. Death occurred one month after admission. At the autopsy there were secondary deposits in the right adrenal body and in the glands around the head of the pancreas. The liver weighed 31 ounces.

Presented by Guy's Hospital, 1896.

- A 2804. Portions of the liver, duodenum, and pancreas of an infant. The common bile-duct has been dissected to show occlusion of its canal for a distance of nearly an inch from the termination in the duodenum. In this part of its course the duct is reduced to a fine thread. The hepatic and cystic ducts are pervious, and the gall-bladder is not dilated. The cut surface of the liver shows marked cirrhosis of the hepatic tissue, which is of an olive-green colour.

From a male infant, aged 4 months and 2 weeks at the time of death. Jaundice was noticed one week after birth, and gradually became more intense. (See Trans. Path. Soc. vol. xlv. p. 76.)

Presented by Dr. F. H. Hawkins, 1896.

- 2886 D. A sagittal section of an enlarged spleen measuring eight and a half inches in length. The substance of the viscus is almost replaced by polyhedral masses of a soft vascular new growth. The reverse of the preparation shows much thickening of the gastro-splenic omentum and deposits of growth along the vessels in the hilum. The external surface of the spleen is lobulated, and a portion of the diaphragm is adherent to its upper end. Histologically the growth is a round-celled sarcoma.

From a man, aged 34, who was admitted for a large sarcoma in the right axillary glands, with ascites and pleuritic effusion. The autopsy revealed secondary deposits in the spleen and abdominal lymphatic glands, as well as miliary tuberculosis of the lungs.

Presented by Guy's Hospital, 1896.

- 2930 A a. The heart of a Fowl showing many large deposits of tubercle beneath the pericardium and in the muscular substance of the ventricles.

Presented by Mr. W. Halsey, 1896.

- 3411 A. Section of a left lung and a large tumour which occupied the greater part of the left thoracic cavity. The tumour, which measures six inches in diameter, is firmly adherent to the diaphragm below, the parietal pleura, and the pericardium; while above it has replaced much of the lower lobe of the left lung and compressed the remaining pulmonary tissue. At the apex of the tumour there is an oval cavity caused by mucoid softening of the growth. Histologically the tumour is a chondro-sarcoma.

From a girl, aged 15, who had her right thigh amputated for a subperiosteal sarcoma of the femur. There were no chest symptoms until six weeks before death. (See Trans. Path. Soc. vol. xlv. p. 33.)

Presented by Stephen Paget, Esq., 1896.

- 3471 A. A larynx with the adjacent parts of the pharynx and tongue. The larynx has been laid open posteriorly to show an extensive, but for the most part superficial, ulceration of the rima glottidis, the tip of the epiglottis, and the posterior and lateral walls of the pharynx. On the right margin of

the epiglottis the cartilage is exposed. The affected surfaces of the pharynx show punctate and linear ulcers, the bases of which are covered with yellowish granular sloughs.

From a man, aged 22, who died at the end of the third week of typhoid fever. The autopsy revealed extensive ulceration of the ileum, cæcum, and upper half of the colon.

Presented by Guy's Hospital, 1896.

3556 A a. The right kidney of an anencephalic foetus. Its exterior is much lobulated, and where the fibrous capsule has been removed the cortex is seen to be studded with minute cysts. A bristle marks the attachment of the ureter which, though very small, is not impervious.

3556 A b. A section of the left kidney from the same foetus as the preceding. There is an absence of the normal distinction between cortex and medulla, and the whole of the cut surface is studded with cysts varying in size from a split pea downwards. The reverse of the preparation has a nodular appearance like that of the opposite kidney. Microscopical examination shows cysts lined with cubical epithelium and embedded in a very vascular connective tissue of the foetal type. There are no glomeruli to be seen. See Prep. A 2271. *College Stores, 1896.*

3557 B. A healthy right kidney seen from behind, with a large cyst attached to its upper end. The cyst measures six inches in diameter, except antero-posteriorly, in which direction it is somewhat flattened. It is quite unconnected with the kidney, though closely adherent to its fibrous capsule. The proper wall of the cyst is comparatively thin, but it has a thick external covering of fibro-fatty tissue which forms a tough capsule. Internally the wall is lined with a pigmented shreddy membrane and a deposit of blood-clot. *Presented by J. D. Malcolm, Esq., 1896.*

3584 G. Portion of a left kidney the lower end of which is replaced by a spongy new growth. The cut surface of the tumour has a coarsely alveolated appearance, and many of the spaces show hæmorrhage into the growth. At the

hilum of the kidney it may be seen that the neoplasm has fungated into the pelvis of the ureter. The reverse of the specimen shows that the tumour has a lobulated outline, and is covered with the fibrous capsule of the kidney as well as a thin layer of its cortical substance. Histologically it is a very soft carcinoma.

From a man, aged 46, who was admitted to a hospital for a tumour in the left lumbar region. His illness began fifteen months previously with pain, and he was afterwards troubled with severe attacks of hæmaturia, and renal colic. The tumour was removed through the loin, and the patient was in good health twelve months after the operation, with no signs of recurrence.

Presented by Reginald Harrison, Esq., 1896.

- 3597 I.** A kidney laid open to show a firm new growth which has filled the hilum and surrounded the pelvis with its infundibula and the vessels. Though in close apposition with the substance of the kidney, the growth has not invaded it. The reverse of the preparation shows an extension of the growth along the ureter for a short distance. Histologically it is a sarcoma composed of round and spindle-shaped cells.

From a girl, aged 2, who had well-marked signs of rickets. The autopsy revealed subdural hæmorrhages, general enlargement of the lymphatic glands, and symmetrical growths of the kidneys. In the recent state the growths were of a purplish-brown colour on section. No secondary deposits were found. (See Trans. Path. Soc. vol. xlvii. p. 115.)

Presented by Dr. Fisher, 1896.

- 3643 B.** A section of a left kidney and a large hydatid cyst which is partly embedded in its substance. The cyst measures six inches in diameter, its wall is calcified, and in the recent state it was filled with shrivelled hydatid membranes and fatty matter. The reverse of the preparation shows that the vessels entering the hilum of the kidney have become elongated and flattened by the pressure of the cyst. Both the fibrous capsule and the cortical substance of the kidney can be traced for some distance upon the wall of the cyst.

From a man, aged 62, who died of acute intestinal obstruction. At the autopsy it was found that the colon was firmly adherent

to a large hydatid cyst in the left kidney, and had thus become obstructed. There was peritonitis around the cæcum from distension of the bowel.

Presented by E. H. Fenwick, Esq., 1896.

- 3643 c.** A section of a kidney and a hydatid cyst loosely attached to its convex border. The cyst is oval in shape, five inches in its chief diameter, and filled with folded hydatid membranes and calcareous material. The kidney is separated from the wall of the cyst by its proper fibrous capsule. See Prep. 2369 A.

Presented by St. Bartholomew's Hospital, 1896.

- 3700 c.** A male urinary bladder, with a large cyst attached to its apex. The interior of the bladder is extensively affected with a squamous-celled epithelioma. At the summit of the organ its cavity communicates with a large cyst situated between the peritoneum and muscular tissues of the anterior abdominal wall. The aperture of communication is partly obstructed by growth projecting from its margin towards the cavity of the cyst.

From a man, aged 62, who suffered from an enlarged prostate and cystitis. Three months before death a painless swelling formed above the bladder, and was not diminished by the use of the catheter. (See Trans. Path. Soc. vol. xlvii. p. 159.)

Presented by E. H. Fenwick, Esq., 1896.

- 3738 B.** A spiculated calcareous mass removed from the substance of a brain. It is roughly triangular in outline, its chief diameter measures two inches, and in the recent state it weighed 371 grains. Microscopically the calcareous matter is deposited in very dense fibroid tissue.

From an epileptic inmate of an asylum. The mass occupied the floor of a large cavity in the right frontal lobe, which extended backwards and communicated with the anterior cornu of the right lateral ventricle by an aperture admitting the tip of the little finger. The wall of this cavity was smooth and shining like that of the cerebral ventricles, and it contained cerebro-spinal fluid. There was no evidence of old hæmorrhages. Though the mass could be felt through the longitudinal fissure and upon the under surface of the frontal lobe, it was covered by a thin layer of cerebral substance and appeared to be quite unconnected with the falx cerebri or pia-arachnoid membrane.

Presented by C. H. Stewart, Esq., 1896.

- 3948 A.** Portion of the integuments of a nose exhibiting an oval ulcerated growth, one inch in its chief diameter. The edge of the ulcer is thickened, raised, and much undermined, while the base is deeply excavated. Histologically the growth is a squamous-celled epithelioma with very numerous cell-nests.

From a man, aged 70. The sore was first noticed ten years previously upon the bridge of the nose on the site of an old gunshot injury. The lymphatic glands were not enlarged.

Presented by F. S. Eve, Esq., 1896.

- 3960 D.** Portion of the pinna of a left ear showing an ulcerated new growth upon its internal surface. The growth has extensively infiltrated the substance of the organ, and a part of the helix is destroyed by ulceration. Histologically the growth is a squamous-celled epithelioma.

Removed by operation from a mariner, aged 47, who first noticed a sore on the ear two years previously. The ulcer gradually increased in size, but there was no enlargement of the lymphatic glands.

Presented by J. H. Targett, Esq., 1896.

- 4065 A.** A lobulated pendulous tumour, four inches in its chief diameter, removed by operation from the front of the leg. The upper part of the tumour is covered with deeply pigmented skin, but the lower end has ulcerated through the integuments and is coated with granulation tissue. On section the latter part has a brownish tint and is much softened by sloughing, but the upper end is hard, white, and closely adherent to the skin. The reverse of the preparation shows the seat of attachment of the tumour, which is nearly three inches in diameter. Histologically the growth is a fibroma.

From an engine-fitter, aged 42, who first noticed a hard nodule in the skin over the inner surface of the right tibia about its middle. It had enlarged slowly for seven years.

Presented by J. H. Targett, Esq., 1896.

- 4102 B.** Portion of a left great toe, the distal end of which presents a large chronic ulcer beneath and around the nail.

The edge of the ulcer is rounded, thickened, and pigmented, while its base is covered with sloughy granulation tissue. The nail is two inches in length and is curved over the ulcer; its dorsal surface is both transversely and longitudinally ridged. Histologically there is no evidence of malignant disease in the ulcer.

From a girl, aged 16, whose illness began with an ingrowing toe-nail four years previously. The nail was removed at the end of two years, and again six months later; but the ulceration continued to spread, and its discharge was very foetid. The foot and leg became oedematous, but there was no glandular enlargement and no evidence of nervous disorder. The patient had not worn a boot for three years. Amputation of the toe was performed, and a good recovery ensued.

Presented by Dr. A. E. Taylor, 1896.

- 4265 A. A right testicle showing an indurated inflammatory swelling around the globus minor of the epididymis. An abscess formed in the centre of the swelling has opened into the adjacent reflection of the tunica vaginalis. The remainder of the organ is normal, excepting a small retention cyst at the upper end of the body of the testis.

From a man, aged 58, who was admitted for an old stricture of the urethra and a large perineal abscess. He died of nephritis.

Presented by Guy's Hospital, 1896.

- 4369 A. A bladder from which a prostatic tumour had been removed by operation two years previously. The tumour is suspended from the fundus of the bladder, and consists of an enlarged median lobe of the prostate. The internal meatus of the urethra, though irregular in shape, is free from obstruction. Both lateral lobes of the prostate are moderately enlarged.

From a man, aged 50, who had suffered for two and a half years from severe urinary obstruction. Suprapubic prostatectomy was performed, and the patient died two years after the operation from suppurative pyelo-nephritis. No catheter was needed during that interval.

Presented by E. H. Fenwick, Esq., 1896.

- A 4370. A series of membranous casts from the male urethra. They are composed of large epithelial cells and leucocytes.

From a man, aged 44, who had no mucous or purulent discharge from the urethra. (See 'Lancet,' 1893, vol. ii. p. 302.)

Presented by W. H. Battle, Esq., 1896.

- 4506 D. A multilocular dermoid cyst of the ovary. Of the two chief loculi one is a thin-walled cyst lined with piliferous skin; in the recent state it was filled with sebaceous material. The other loculus is largely occupied by solid growth which consists of skin, sebaceous glands, hair-follicles, epithelial pearls, and typical germs of teeth in the earliest stages of development.

Removed by operation from a woman, aged 30, who presented the usual symptoms of an ovarian tumour.

Presented by J. Bland Sutton, Esq., 1896.

- 4503 E. An unilocular dermoid cyst of the ovary, removed by operation. The cyst measures five inches in diameter; its wall is unevenly thickened, and lined with a white wrinkled membrane like epidermis.

- 4506 F. A mass of hair and a large number of pea-like bodies removed from the preceding specimen. The pellets are very uniform in size, and consist of a granular fatty substance which has become rolled into spheres.

From a widow, aged 65, who came under observation for a large tender swelling on the right side of the abdomen. At the operation for its removal the tumour was found to have a long twisted pedicle, and there were numerous adhesions of the intestine and omentum. (See Trans. Obstet. Soc. vol. xxxvii. p. 15.)

Presented by A. C. Butler-Smythe, Esq., 1896.

- 4540 D. An enlarged right ovary affected with a new growth. The exterior of the organ is nodular from the projection of cysts filled with a delicate papillary growth. Some of these cysts have ruptured and allowed the papillomata to invade the serous surface. The cut surface of the preparation shows that the substance of the ovary is infiltrated with

a soft white growth. Histologically it is a cylindrical-celled carcinoma.

From a woman, aged 61, whose illness began six months previously with severe metrorrhagia. Three months later an abdominal tumour was observed which rapidly enlarged. Laparotomy was performed, and a large cystic tumour of the left ovary was removed together with the above preparation. Some weeks afterwards jaundice supervened, with ascites and œdema of the left leg. Death occurred six months after the operation.

Presented by Alban Doran, Esq., 1896.

A 4563 A. Portion of a right broad ligament with the corresponding ovary, seen from behind. Springing from the centre of the mesosalpinx is a cord-like process or outgrowth an inch and a quarter long and about an eighth of an inch in thickness. The free end of this process is provided with minute fimbriæ, so that it appears to be an accessory Fallopian tube. No canal, however, can be detected within the fimbriæ. Close to its attachment the process is much constricted by a very fine cord with a bulbous end which is wound round it. There is a small fibroma in the substance of the ovary near its outer extremity.

The specimen was removed by operation together with a large fibroma and a dermoid cyst of the opposite ovary.

Presented by W. A. Meredith, Esq., 1896.

A 4590. A left broad ligament exhibiting a small pedunculated myoma, which is attached to the posterior surface of the mesosalpinx near the hilum of the ovary, but unconnected with its ligament.

From a middle-aged woman, who had several pedunculated fibro-myomata attached to the serous surface of the fundus uteri.

College Stores, 1896.

4590 B. The female pelvic viscera exhibiting a considerable displacement of the uterus to the right of the median line, so that the distended urinary bladder projects through the left broad ligament. The relations of the peritoneum at the back of the uterus and its appendages are normal, but in front the anterior layer of the left broad ligament has been

stripped up to the level of the left round ligament and the utero-vesical pouch of peritoneum is much reduced in depth. The right ovary, which is occupied by a cyst the size of a hen's egg, is connected to the uterus by a ligament only half an inch long, while the left ovarian ligament measures one inch and a quarter in length. The left ovary is flattened and elongated, but otherwise normal.

The width of the left broad ligament (measured from the side of the uterus to the edge of the infundibulo-pelvic ligament) is $3\frac{1}{2}$ inches; that of the right side is only 2 inches. The extreme lengths of the Fallopian tubes are—left side $4\frac{3}{4}$ inches, right side $3\frac{3}{4}$ inches. The cavity of the uterus is two inches long. There is a marked constriction of the organ at the junction of the body and cervix, and its long axis is curved with the concavity to the left.

From an unmarried woman, aged 21, who died from severe metrorrhagia of three weeks' duration. The autopsy revealed atheroma of the pulmonary arteries and enlargement of the right side of the heart.

Presented by Guy's Hospital, 1896.

- 4596 A. One half of an enlarged cervix uteri removed by operation. The external or vaginal aspect of the cervix is wrinkled and covered with a finely papillated membrane. The cut surface shows that this membrane is directly continuous with the lining of the cervical canal. Histologically the specimen consists of the normal substance of the cervix uteri covered with much hypertrophied endometrium.

From a married woman, aged 24, who had not been pregnant. She had suffered for eighteen months from prolapse of the uterus and persistent vaginal discharge.

Presented by Dr. Boulton, 1896.

- A 4664. A sagittal section of an enlarged uterus the cavity of which is filled with a soft spongy new growth. The growth forms a lining three quarters of an inch thick upon the interior of the body of the uterus and protrudes below it into the cervical canal. The cut surface shows that the muscular tissue of the uterus is deeply invaded by the base of the growth. Histologically it is a cylindrical-celled carcinoma.

Presented by St. Bartholomew's Hospital, 1896.

- 4667 A. A sagittal section of the female pelvic organs showing extensive destruction of the cervix uteri and the adjacent portion of the vagina by an ulcerated new growth. The upper end of the vagina opens by a rounded aperture an inch and a half in diameter into a ragged cavity which represents the pouch of Douglas. The posterior wall of this cavity is covered with sloughing growth, and the roof is formed by a large deposit of similar material in the substance of the right ovary. The base of the bladder and the vesico-vaginal septum are invaded, but the mucous surface of the rectum is normal. Histologically the growth is a squamous-celled epithelioma.

From a woman, aged 42, who was admitted in a dying condition. Her illness began ten months previously with free hæmorrhage from the vagina, which became persistent, but the patient did not complain of pain till shortly before death. The autopsy revealed dilatation of both kidneys from obstruction of the vesical ends of the ureters.

Presented by Guy's Hospital, 1896.

- 4672 A a. A sagittal section of the female pelvic organs exhibiting a large tumour of the uterus. The tumour is spherical in shape, nearly four inches in diameter, and involves the whole cervix uteri and the lower part of the body. It forms a rounded projection into the upper end of the vagina, which is much dilated thereby. The cut surface of the tumour shows that it is composed of a series of cysts, some of which have a smooth lining and are filled with mucoid material, while others are irregular spaces in the new growth.

Presented by St. Bartholomew's Hospital, 1896.

- 4672 D a. An enlarged uterus laid open posteriorly to display a polypoid new growth, which projects into the cavity of the organ near its fundus. The cut surface of the growth shows that it has a spongy structure, and has extended through the entire thickness of the uterine wall so as to form a nodule beneath the serous coat. Histologically it is a very vascular sarcoma.

From a woman, aged 35, whose illness began six weeks after

her ninth confinement with attacks of very severe hæmorrhage from the uterus. As local treatment failed, the uterus and appendages were removed per vaginam. Some months later symptoms of growth in the lungs supervened, and the patient gradually sank about ten months from the onset of her illness. (See Trans. Obstet. Soc. vol. xxxviii. p. 130.)

Presented by Rutherford Morrison, Esq., 1896.

- A 4673. Two sections of the body of an uterus showing the condition of the parts six months after the operation of Cæsarian section. The upper preparation includes the fundus uteri and the uterine ends of the Fallopian tubes. The site of the wound on the anterior surface of the uterus is marked by a stout cord of adhesions, within which portions of the silk sutures employed at the operation are seen. One of these has penetrated the muscular tissue more deeply. The transverse slit which represents the uterine cavity is notched upon its anterior margin about an eighth of an inch deep, and the cicatrix which extends from this notch through the remainder of the uterine wall is three eighths of an inch long.

In the lower section the notch in the outline of the uterine cavity is somewhat deeper, and the length of the cicatrix is barely three eighths of an inch, though the anterior wall of the organ is thicker than in the preceding section. A small cavity immediately beneath the serous surface contains pieces of a silk suture. In both preparations the union is good, and has taken place by the formation of very little fibrous tissue.

From a woman, aged 29, who died of epithelioma of the cervix uteri six months after delivery by Cæsarian section. (See 'Lancet,' 1894, vol. ii. p. 77.)

Presented by Dr. G. E. Herman, 1896.

- 4688 c. A solid tumour removed by operation from a right labium majus. It consists of two rounded masses, each about an inch and a half in diameter, which are closely united. The tumour is encapsuled and to its external surface tags of muscular and fibrous tissues are adherent. On section it is seen to be formed of many compressed lobules held

together by connective tissue. Histologically it is composed of interlacing bundles of dense fibrous tissue.

From an unmarried woman, aged 27, who had a large soft swelling in the situation of the right vulvo-vaginal gland, which was mistaken for a cyst and tapped. At the operation it was found that the tumour extended deeply into the corresponding ischio-rectal fossa.

Presented by Alban Doran, Esq., 1896.

- 4695 H. A right Fallopian tube and ovary removed by operation. The outer end of the tube is dilated into an oval cavity containing blood-clot and a molar pregnancy. In the recent state this tubal cavity communicated with the pelvic pouch of the peritoneum through the widely dilated abdominal ostium of the tube.

From a woman, aged 28, who was admitted to a hospital with symptoms of ruptured tubal gestation. (See Trans. Obstet. Soc. vol. xxxvi. p. 261.)

Presented by Dr. Remfry, 1896.

- 4722 c. A placenta with its membranes; the umbilical cord is attached to the latter at a distance of five inches from the margin of the placenta. There is a short mesentery uniting the first two inches of the cord to the inner surface of the amnion. This condition is known as "Placenta Velamentosa."

From a woman, aged 33, who had previously had three normal pregnancies. The present labour was normal, except that the membranes ruptured thirty hours before delivery. There was no ante-partum hæmorrhage.

Presented by Dr. A. F. Stabb, 1896.

- A 4752. A left breast the substance of which is replaced by a somewhat flattened smooth-walled cyst, measuring two and a half inches in its longest diameter. It is situated immediately beneath and to the outer side of the nipple, and it extends through the entire thickness of the gland, so that its deep surface is in contact with the capsule of the breast.

Removed by operation from an unmarried lady, aged 52. In the recent state the cyst contained clear fluid. There were one or two enlarged glands in the axilla, and a similar though smaller cyst was present in the opposite breast.

Presented by Guy's Hospital, 1896.

- 4756 A. Portion of a breast which is occupied by an oval cyst an inch and a half in its chief diameter. The inner surface of the cyst is marked with low ridges and nodules of new growth. Histologically the growth is a carcinoma which has partially undergone colloid degeneration.

From a woman, aged 67, who first noticed a painful swelling in her left breast ten weeks before the operation for its removal. The swelling rapidly enlarged and there was a grumous discharge from the nipple. (See Trans. Path. Soc. vol. xlvii.)

Presented by Mr. W. S. Sprent, 1896.

- 4771 c. A rounded encapsuled tumour, three inches in diameter, removed by operation from a mammary gland. The tumour is made of a series of closely-packed lobules which have angular outlines from mutual pressure, and are held together by tough fibrous tissue. Histologically it is a fibro-adenoma.

From a woman, aged 44; the tumour was first noticed six months previously.

Presented by Henry Morris, Esq., 1896.

- 4774 A. A flattened spheroidal tumour, an inch and a half in diameter, removed from an old pied Rat. It was situated beneath the skin of the right side of the thorax. Histologically the tumour is a typical adeno-fibroma of the mammary gland. (See Trans. Path. Soc. 1893, vol. xlv. p. 229.)

Presented by S. G. Shattock, Esq., 1896.

- 4782 c. Portion of a soft lobulated tumour removed by operation from the mammary gland. The lobules are held together by loose cellular tissue, and have a homogeneous appearance on section. Histologically the growth is a myxosarcoma and contains no glandular elements.

From a male infant, aged 6 months. When four weeks old a dark spot was noticed on the breast which swelled on crying and was thought to be a nævus. This nodule steadily enlarged, so that at the time of the operation it formed an encapsuled tumour the size of a large walnut, with many dilated vessels in the surrounding tissues. The child was in good health eighteen months after the operation, and there was no sign of recurrence of the growth.

Presented by Dr. O. C. Maurice, 1896.

- 4820 A.** A section of a mammary gland which exhibits a fungating new growth in the site of the areola. The growth has a lobulated outline, and its margin overlaps the skin widely. In the centre, where the growth projects about an inch above the level of the breast, its substance is deeply ulcerated. The cut surface shows that the growth has extended far into the glandular tissue of the breast. Histologically the tumour is a squamous-celled carcinoma with an abundant formation of cell-nests.

From a middle-aged woman, the mother of eight children, who was admitted to a hospital for an ulcerated swelling on the left breast which began as a "cracked" nipple two years previously. The swelling gradually enlarged and caused much pain. The tumour was freely movable upon the subjacent structures, and there was no enlargement of the axillary glands.

Presented by W. J. Collins, Esq., 1896.

TERATOLOGY.

- 15 A.** An acardiac (*Myelacephalus*) Human foetus, consisting chiefly of a trunk, with very ill-formed limbs, and a distinct though rudimentary head.

The preparation is fully described in the Trans. Obstet. Soc. 1895, vol. xxxvii. p. 209.

Presented by H. Bradbury, Esq., 1896.

- 344 A.** The head of a human foetus with a large encephalocele attached to the vertex just in front of the posterior fontanelle.

The falx cerebri was attached in front to the right orbital plate of the frontal bone half an inch to the right of the median line; and posteriorly it was protruded through an aperture in the skull into the encephalocele. In consequence the tentorium cerebelli was drawn into the cyst, and the normal foramen in the tentorium was prolonged backwards to the aperture in the skull. The cyst contained the occipital lobes of the cerebral hemispheres.

- 344 B.** The skull from the preceding specimen. It presents a rounded aperture two inches in diameter which involves the posterior fontanelle, the greater part of the sagittal suture, and the posterior superior angles of the parietal

bones. The supra-occipital forms a very small portion of the margin of the aperture.

From a male infant, 3 months old, born at full term. The tumour at birth equalled the size of the infant's head, and was delivered first without difficulty. After birth the tumour steadily enlarged to twice the size of the head, and spastic convulsions were excited by handling it. Frequent vomiting supervened and the infant rapidly sank. There was no optic neuritis. Temperature subnormal throughout. Four other children of the same family died in infancy, but were not deformed.

Presented by the Evelina Hospital, 1896.

418 A. The skeleton of an anencephalous foetus having two upper and two lower extremities attached to the left side of the trunk. The posterior appendage of each pair shows reduplication of its elements, and probably represents the fused upper or lower limbs of a parasitic foetus.

441 A. The bones of the left leg and foot, from a case of congenital absence of the tibiæ. The curved and hypertrophied fibula articulates with an irregular bone in the tarsus, which probably represents a fused astragalus, calcaneum, and navicular.

441 B. The right leg and foot, from the same case as the preceding. It has been superficially dissected to show the arrangement of the chief muscles.

The limbs were removed by amputation from a girl aged 8 years. The case is recorded, and the preparations fully described, in *Trans. Clinical Soc.* 1896, vol. xxix. p. 223.

Presented by H. H. Clutton, Esq., 1896.

548 A. A portion of an ileum to the free border of which is attached a diverticulum, nearly three inches in length, which has an irregularly bulbous extremity. The vessels which supply the diverticulum arise from the wall of the ileum, and the serous coat of the latter passes uniformly over it.

From a man who died of a hepatic abscess. At the autopsy the diverticulum was found near the middle of the ileum and was full of fluid fæces.

Presented by Surgeon-Major G. H. Younge, 1896.

561 A. The liver from the same foetus as Prep. 418 A, seen from behind. There is an enormous increase in the size of the left lobe, the anterior border of which is thick and rounded.

A 629. The urinary organs from the same foetus as Prep. 418 A, viewed from behind. The right kidney and ureter are normal. On the left side there is one small but otherwise normal kidney, the ureter of which is an inch in length; two other glandular masses are seen on this side, which may represent the imperfectly developed kidneys of the parasitic foetus.

These specimens are fully described and illustrated by Mr. F. G. Parsons in the 'Journal of Anatomy and Physiology,' 1896, vol. xxx. p. 238.

Presented by W. Smart, Esq., 1895.

648 A. Half of the shell (corona) of *Echinus acutus*, in which each of the five genital pores is replaced by a group of pores from two to five in number. The shell has grown irregularly from ankylosis having taken place between certain of its plates.

Presented by C. Stewart, Esq.

668 A. The lower portion of the trunk of a male foetus dissected to show various abnormalities in the sexual ducts. The left vas deferens opens into the left ureter, but the right is lost in the subserous tissues near the end of the right ureter. There is a persistent Müllerian duct on either side of the median line, the opening of which is marked by a thick blue rod. The reverse of the specimen exhibits epispadias and ectopia of the urinary bladder.

The specimen is fully described by the donor in the Trans. Path. Soc. vol. xlv. p. 248.

Presented by S. G. Shattock, Esq., 1895.







